

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/09/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155219		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/05/2011	
NAME OF PROVIDER OR SUPPLIER REGENCY PLACE OF SOUTH BEND				STREET ADDRESS, CITY, STATE, ZIP CODE 52654 NORTH IRONWOOD ROAD SOUTH BEND, IN 46635			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>This visit was for Investigation of Complaint IN00089833.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR)) to the PSR completed on 3/24/11 to the Recertification and State Licensure Survey completed on 2/10/11.</p> <p>Complaint IN00089833-Unsubstantiated due to lack of evidence.</p> <p>Survey dates: May 04 and 05, 2011</p> <p>Facility number: 000124 Provider number: 155219 Aim number: 100266730</p> <p>Surveyors: Antoinette Krakowski, RN, TC Vicki Manuwal, RN Bobbi Costigan, RN</p> <p>Census bed type: SNF/NF: 113 Total: 113</p> <p>Census payor type: Medicare: 20 Medicaid: 68 Other: 25 Total: 113</p> <p>Sample: 3</p> <p>Regency Place of South Bend was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the Investigation of</p>			F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	Continued From page 1 Complaint Number IN00089833. Quality review completed on May 6, 2011 by Bev Faulkner, RN	F 000			